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# Does Customer Service Training Influence Patient Satisfaction Scores?

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**Does Customer Service Training  
Influence Patient Satisfaction Scores?**

**Beth Holman**

**Submitted in partial fulfillment of  
the requirement for the degree of  
Master of Arts in Leadership**

**AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA**

**2010**



**MASTER OF ARTS IN LEADERSHIP  
AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA**

**CERTIFICATE OF APPROVAL**

**This is to certify that the Non-thesis Project of**

**Beth Holman**

**has been approved by the Review Committee for the Non-thesis Project  
requirement for the Master of Arts in Leadership degree**

**Date Non-thesis Completed** 15 Sept 2010

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## **DEDICATION**

This paper is dedicated to my wonderful husband Dennis,  
and to our children – Stephanie, Dustin, Adam, and Zachary.

Your encouragement and inspiration supported me  
each day of this journey,  
ultimately assisting me to accomplish my dream!

Thank you so much!

## **ACKNOWLEDGEMENTS**

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**ABSTRACT****DOES CUSTOMER SERVICE TRAINING  
INFLUENCE PATIENT SATISFACTION SCORES?****BETH HOLMAN****JUNE 2, 2010**☐ Thesis☐ Leadership Application Project☒ Non-thesis (ML597) Project

Competition in ambulatory health care is challenging leaders to focus their energies on increasing patient satisfaction at all levels of the patient experience. Gaining new and retaining established patients is essential to staying viable in this dynamic health care environment.

A qualitative research study was conducted to determine if training staff in customer service principles would increase patient satisfaction. Patient surveys were conducted before and after training of staff. Patient comments regarding interactions with staff from the first survey determined the training materials. The second survey was conducted after the training.

In the first survey, 6.8% of the surveys contained dissatisfying comments regarding their experience of care; 93.2% were positive. In the second survey, 2.5% of the surveys contained dissatisfying comments; 97.5% were positive.

Staff training resulted in a positive impact on patient satisfaction. Satisfied patients tell others, are more likely to follow physician directives, and will ultimately decrease health care costs. Now is the time for health care leaders to make patient satisfaction a priority.

## TABLE OF CONTENTS

- Introduction
- Literature review
- Methodology
- Results
  - Survey 1
  - Survey 2
- Recommendations
- Conclusion
- References
- Appendices
  - Appendix A – Allina Health System Institutional Review Board authorization
  - Appendix B – Augsburg College Institutional Review Board authorization
  - Appendix C – Survey conducted at Allina Medical Clinic – Shoreview
  - Appendix D – Training – “Professional Behavior” handout
  - Appendix E – Training – “Five B’s of Courtesy” handout

## **Introduction**

Competition in ambulatory health care has challenged leaders to focus much of their energies on increasing patient satisfaction at all levels of the patient experience. Gaining new patients and retaining already established patients is essential to staying viable in this dynamic health care environment. Cost of providing care continues to rise, while decreasing reimbursement from payers is threatening revenues. Bad debt and free care is increasing, widening the gap between income and expenses in the world of health care.

Insured patients now have more out-of-pocket expenses when visiting their primary care provider, with increases in their co-payments and deductibles. Patients have come to expect extraordinary care from every individual involved in his/her visit: the scheduler, receptionist, nurse, lab technician and x-ray technologist, as well as the physician or provider of care. Unless there is a strong connection made at the initial visit, patients will continue to shop around until they feel that they have been listened to, and are treated courteously and with respect.

As an example, a patient, Mr. Martinson, (pseudonym), wrote a complimentary letter to the management of a primary care clinic following his visit to their After Hours Care clinic on a Saturday morning. He drove there to get help after he began having a severe allergic reaction from a bee sting. He had never been to the clinic previously; the clinic was located near where he was stung. He stated that he was warmly greeted by the receptionist; she at once saw the urgency of the situation and called the RN, who immediately took him to a room and gave him an injection of epinephrine. Both interactions made him feel cared for and safe, helping his panicked feeling subside. The physician tended to him and instructed the nurse to call 911. He complimented the

ambulance staff and the ER care givers. He was overwhelmed by the attentive care he received. Because of this emergency visit, Mr. Martinson transferred his care to the clinic where he stated he was treated expeditiously by warm, caring and knowledgeable staff. Every encounter with each person he had contact with exceeded his expectations. This is the definition of extraordinary care. He had no idea that a visit to a doctor's office would actually bring such a positive and emotional response, as he had not had the same experience at his previous clinic. He stated the care he received prompted him to tell his story many times, thus prompting his acquaintances to check out the clinic. Every patient with every encounter deserves this extraordinary service.

### **Problem Statement**

Health care leaders face the challenge of providing an environment that enhances the patient experience to produce a positive, extraordinary experience with each encounter, with each patient. Providing the necessary tools to support staff members is essential to meeting this challenge. Those in leadership need to set an example of high service expectations when communicating with staff members, physicians, and patients. They also need to provide opportunities for support staff to connect with patients on a practical level and a personal level. It is at this personal level that the stage can be set for the patient to experience extraordinary service. Effective training and coaching by leaders to support staff in healthcare organizations can make a difference in the lives of patients and their extended families. Leaders need to take training to increase patient satisfaction seriously and understand the cost-benefit factor during this time of competition for health care visits, referrals, and dollars.

Service training for support staff is essential to lay a foundation of excellence in providing patient care that will obtain and retain patients. Meeting and exceeding the expectations of the patient needs to be the goal of healthcare leaders to stay viable in the market today.

According to an article written by J. Spicer, (2002) in *Quality Progress*, increasing patient satisfaction scores produce positive results:

- Patients who stay and build relationships refer new patients.
- They have positive medical outcomes.
- They are less likely to complain or take legal action.
- Satisfied patients are more likely to follow the regimen of care prescribed by their physician, and will more often take prescribed medication.
- There is less waste in healthcare dollars
- Patients who have a positive relationship with a primary care physician and clinic are more likely to come in for preventive care and less likely to use the emergency room inappropriately (P.97).

In the near future, patient satisfaction scores will be used by insurance companies as a service indicator on a scorecard that they will be using to establish reimbursement levels for services from physicians in ambulatory care settings. Presently, this scorecard includes community measures in the clinical aspect of care: optimal diabetes care, vascular care, and care of patients with depression. It is estimated that by 2013 patient satisfaction scores will be added as a service indicator on this scorecard.

Leaders in healthcare need to strive for patients to be talkers versus walkers by developing their teams to have skills of active listening, responding with empathy,



involving the patient in his/her care, and relating to the patients on a professional, personal, and practical level. This is an opportunity for leaders to use their resources wisely to energize, rather than exhaust, patients during their journey to reach their optimal health care experience.

Will training staff in customer services skills help patients have a more positive experience? The purpose of this research study is to answer this question. Studies show that staff training can have a positive impact.

## **Literature Review**

### **Introduction**

This literature review focuses on patient satisfaction studies and research done in the United States between 1993 and 2007 in diverse healthcare settings. Various attributes play a role in improving patient satisfaction scores, including staff training and their interactions with the patients, facility issues, and the patient's perception of the relationship s/he has with the physician. Surveys for patients and employees were used to gather much of the data. The studies provided sound evidence that patient satisfaction scores can improve with staff training. Training includes building competence in skills that demonstrate compassion, listening, professionalism, courtesy and respect, and creating a positive work environment. The studies represented in this literature review all revealed that results of high patient satisfaction scores result in loyalty of the patient, higher employee engagement, positive patient outcomes, and improving the economic bottom line of a healthcare organization through retention and attraction of patients.

The March/April 2007 edition of *Journal of Healthcare Management* featured a study done by Scotti, Driscoll, Harmon and Behson in 2001, of 113 Veteran's Health Administration (VHA) ambulatory care centers which focused on linkages between employees' perceptions of their work environment and patient satisfaction. The authors state, "Organizations that provide enabling work environments will have employees who can devote their efforts to meeting the needs and expectations of customers (patients), thereby improving service quality; perceptions of their ability to serve patients have been conceptually linked to their work environments" (P. 111). Data from over 59,000 employees responded to a confidential employee survey at 113 VHA medical facilities. The survey measured characteristics commonly associated with high-performance work systems, such as goal alignment, communication, involvement, empowerment, teamwork, training, trust, creativity, performance enablers, and performance-based rewards. Along with the employee survey, over 212,000 VHA patients were asked questions pertaining to the nature and quality of their service. Questions were asked about wait times, clinic organization, communication, and courtesy of staff, involvement in decisions, continuity of care, and confidence/trust in providers. These questions were encapsulated in a global question, "All things considered, how satisfied are you with your healthcare in the VHA?" The patients' responses were marked on a seven point scale, 'completely dissatisfied – to completely satisfied'. The study determined that there was a correlation between high performing work systems and service quality. The research showed that "high performing work systems had a strong effect on employee perceptions of whether the organization is oriented toward customer service – 74%" (P. 116). There was also a significant relationship (66%) between the employee perceptions that the organization

was oriented toward a positive patient experience, and patient perceptions of service quality, which is a strong driver of patient satisfaction. The study recognized the importance of the alignment of perceptions of employees with the service they provide to patients, resulting in increased patient satisfaction. The researchers stated,

To foster high-performance work environments with a strong customer orientation, the importance of customer service must be incorporated into the mission statement. Management must continuously emphasize the importance of customer service, clearly define customer service objectives, and solicit input from patients regarding their perceptions of service encounters (P.119).

Also noted in the research was the fact that providers of care, by virtue of their relationship with the patients, are reliable resources to identify the needs and expectations of the patients. In conclusion, the study demonstrated that in a patient-oriented work climate, listening to the patient, communicating the patient's needs and expectations to a supervisor, team building by management, and cultivating a strong service responsibility through training programs are all imperative to enable employees in high performing work systems to satisfy patients by providing excellent service.

The September/October 1998 *Journal of Healthcare Management* included a study conducted by Mayer, Cates, Mastorovich, and Royalty at Inova Fairfax Hospital, Falls Church, Virginia, and Georgetown University School of Medicine. This study investigated the effect of clinically focused customer service training on patient satisfaction in Emergency Departments and a Level 1 Trauma Center. "The results show that clinically focused customer service training improves patient satisfaction and ratings of physician and nurse skill. They also suggest that such training may offer a substantial

competitive market advantage, as well as improve the patients' perception of quality and outcome" (P. 427). The study was held between May 1, 1994 and April 30, 1996, and looked at the effect of a required customer service training program that involved incorporating patient and family complaints, compliments from patients and overall satisfaction. The first year's patients were the control group; the second year's patients formed the study group. All employees involved in direct patient contact were required to attend an eight-hour customer service training program, and three follow-up sessions throughout the year. "Training included basic customer service principles: recognition of patients and customers, service industry benchmarking leaders' successes, stress recognition and management, communications skills, empowerment, negotiation skills, service transition, service fail-safes, change management, and specific customer service core competencies" (P. 428). Data from patient complaints, compliments and a follow up telephone survey conducted by an independent research firm were collected for both the study group and control group of patients. This data was then compiled and the patient complaints and issues formed the foundation for the quality improvement training program that the staff was required to complete. The authors' describe the training,

The training was based on principles of adult education, benchmarks from the customer service industry. The literature emphasized the importance of communication skills, managing information flow, actual versus perceived waiting times, and the expressive quality of physicians and nurses. Our philosophy in designing this course was simple. Customer service is a skill for which we hold our staff accountable but in which they had never formally been trained (P.432).

The training was provided by clinicians who were involved in day-to-day patient care.

The fact that the trainers who taught the customer service classes understood the specific issues that the staff experienced on a daily basis, affirmed the viability and credibility of the education. The department was committed to providing excellent customer service.

The writer stated,

The data from the study supported their hypothesis that clinically based, formal customer service training can dramatically decrease patient complaints, increase patient compliments, and improve patient satisfaction. The results showed significant increase in patient satisfaction in all 14 key quality attributes. Patient complaints dropped from 153 in the control period (2.5 complaints per 1,000 ED visits) to 36 in the study period (.06 complaints per 1,000 ED visits). Complaints about perceived rudeness, insensitivity, or lack of compassion on the part of the ED staff dropped most dramatically. Two-thirds of complaints in the study period were a result of waiting times, billing, or delays in obtaining an inpatient bed, compared to 30 in the control period (P.431).

Interestingly, this study demonstrated that clinically based customer service training resulted in higher patient satisfaction, even though patient wait times were not impacted. It also noted that the patient's perception of the overall skill of the provider and the ED staff is higher, after customer service training, even though no changes were made in their actual skill set.

The study looked only at ED visits, which would indicate that the patients surveyed were more acutely ill than in an ambulatory setting, which may skew the data slightly. Training makes a difference. In the healthcare industry it is imperative that staff

involved with direct patient care are clinically trained, as well as trained to treat patients with respect and make them feel validated. Proper customer service training produces positive results. As leaders in the healthcare industry take on more accountability for customer service, it is necessary that employees be provided the appropriate tools, through training, to produce high quality results.

Otani, Koichiro, Waterman, Faulkner, Boslaugh, Burroughs, and Dunagan conducted a study that was printed in the March/April 2009 edition of *Journal of Healthcare Management*, “Patient Satisfaction: Focusing on “Excellent”. The purpose of the study was to discover what influences adult patients to rate their overall experience as ‘excellent’, because they hypothesized that an ‘excellent’ rating is associated with loyalty. Patients who mark “excellent” on a satisfaction survey are more loyal than those who mark any other option on the survey, such as ‘very good’. “Only those patients who mark “excellent” are loyal patients and will support the long-term survival of the hospitals. Patients who are merely satisfied will move to another provider when they have an opportunity,” stated Jones and Sasser. (P. 2).

Patient satisfaction data was collected from one major academic hospital and four community hospitals. The hospitals were located in the St. Louis metropolitan area, middle Missouri and southern Illinois. The study used a telephone based survey of discharged patients. The patients were contacted 7-14 days post-discharge. Patients were contacted until they completed the survey, refused it, or were unable to be reached. There were 14, 432 participants, 20 years or older, who were discharged between January 2005 and November 2007. The survey collected data regarding the ratings of their care.

The data was computed as a mean on three questions:

1. Overall, how would you rate the quality of care and services received during this hospital stay?
2. How would you rate your willingness to recommend this hospital to family and friends?
3. How would you rate your willingness to return to this hospital?

The rating scale was “excellent” = 5, “very good” = 4, “good” = 3, “fair” = 2, “poor” = 1.

Ultimately they counted only scores that were marked “excellent” on all three items.

“The independent variables were six attributes to care: admission process, nursing care, physician care, staff care, food, and room, each containing multiple questionnaire items that measured the same construct variable with the five-point, Likert-type scale” (P.4).

Again, the researchers were looking for scores of all “excellent.” The results showed that there were 5,532 patients in the “excellent” overall experience category and 8,896 patients in the “other” category. Staff care and nursing care were the two attributes most influential to get to the “excellent” rating. The analysis showed that 79 patients marked all attributes as positive, but did not mark their overall hospital experience as “excellent.” Satisfaction is subjective, so to expect all patients to mark all aspects as “excellent” is unrealistic. The researcher stated,

“The study revealed that staff care is the most influential attribute to patients in rating their overall hospital experience as “excellent,” with nursing care coming in as the second most influential. These two attributes are distinctively stronger drivers of overall satisfaction than other attributes. For healthcare organizations to survive in the competitive healthcare market, healthcare managers must have loyal customers who become repeat customers and recommend the hospital to

others. Healthcare managers have to work hard toward earning patients' rating of "excellent" on their overall hospital experience" (P.5).

This study was hospital based, the response rate was 37 percent; however, it still provided substantial evidence that loyal patients are repeat patients, and that those patients who mark "excellent" on a patient satisfaction survey are more loyal than those who mark another option. The results also indicate that staff care holds the most influence with patients. This challenges healthcare leaders to ensure that training is available to direct care staff to establish a positive care experience for the patient.

A 2002 study titled Professionalism among Allied Health Staff was published in *Minnesota Medicine*, August 2007. G. Locke III, MD, M. Berndt, N Woychick, K. Gilles, M. Schryver, and M. Brenna, MD conducted the study at Mayo Clinic, describing the research,

"The department of medicine formed two work groups to consider how to improve the way clinic staff interacts with patients in an outpatient setting. One group focused on interactions between physicians and patients, another on those between patients and allied health staff – in particular, clinical assistants, receptionists, and secretaries. Members of the second work group, which included physicians, administrators, and supervisors of clinical assistants, endorsed the idea that patient interactions could be improved by implementing a set of service standards based on a series of professional behaviors" (P.2).

A set of service standards was developed by reviewing literature searches, patient satisfaction surveys, and recommendations from clinic employees who earned a reputation for providing exemplary service to patients.



The researchers stated,

The standards identified as being critical to creating the ideal patient experience were represented in the acronym PLEASE CARE, which stands for Present, Listen, Empathize, Action, Summarize, Excite, Confidentiality, Attitude, Respect, and Emotional Intelligence. PLEASE related to the patient interactions, and CARE emphasized the importance of putting the patient's needs first (P. 3).

This chosen team had 9 members who worked with 76 facilitators in the department of medicine and 40 in the department of support services. The training was held in two sessions. The first session focused on the desired behaviors of the staff, while the second session focused on creating a culture that recognized opportunities to continuously improve service and reinforce the skills and behaviors that are central to PLEASE CARE. Patient satisfaction surveys were done before and after PLEASE CARE was implemented.

The patients were asked to rate the allied health staff by the following criteria:

- 1) Provided the patient with excellent service
- 2) Gave the patient his/her undivided attention
- 3) Listened to the patient
- 4) Had a good understanding of how the patient was feeling
- 5) Protected the patient's need for privacy
- 6) Was pleasant with the patient
- 7) Treated the patient with respect
- 8) Was sensitive to the patient's particular needs

Other questions addressed whether problems were satisfactorily addressed. The final question asked patients to rate the overall service as “excellent,” “very good,” “good,” “fair,” or “poor.” The results:

This entire group trained a total of 4,277 staff on the PLEASE CARE model. A total of 1,419 patients completed the satisfaction survey before training, and 1,329 completed it after training. The patient’s rating of overall care as being excellent improved by 3% - from 71% to 74%; the rating of the service provided by allied health staff as being excellent improved by 6% - from 71% to 77%.

Each of the aspects of PLEASE CARE also showed improvement (P. 4).

Although the increase in patient satisfaction in the study appears minor, the study did show that training staff can produce positive outcomes. It is evident that an undertaking such as this one done by and for Mayo clinic staff demonstrates their commitment to excellent service to their patients. It is also evident that training can and does make a difference in how patients rate their satisfaction of service. The challenge for healthcare leaders is sustaining the results, and keeping the training of staff in patient service a constant priority.

In the 2009 edition of *Health Research and Educational Trust*, a study was featured on Interpersonal Processes of Care (IPC) and Patient Satisfaction: Do Associations Differ by Race, Ethnicity, and Language? Na’poles, Gregorich, Santoyo-Olsson, O’Brien and Stewart researched the association of patient satisfaction with IPC by race/ethnicity.

The purpose was to explore, in a diverse sample of general medicine patients:

1. Whether patient satisfaction differed across racial, ethnic, and language groups

2. Whether reports of several dimensions of interpersonal processes of care (IPC) were independently associated with several measures of satisfaction with care
3. Whether these associations differed significantly across patient racial, ethnic, and language groups (P.1328).

The researchers hypothesized that “good interpersonal processes would be positively associated with satisfaction” (P.1328), but they were uncertain as to whether the associations would be consistent across racial/ethnic groups. The sample included adult patients from nine university-based practices in San Francisco staffed by internists, family practice physicians, and nurse practitioners. Patients with at least one visit in 12 months were identified and stratified by race/ethnicity and language: African American, English-speaking Latino, Spanish-speaking Latino, and non- Latino White. Telephone interviews were conducted October 1, 2001 through January 31, 2002.

The dependent variables assessed global satisfaction with physicians, and healthcare received, and whether patients would recommend physicians to others. The independent variables consisted of seven multi-item scales from the patient-reported IPC survey, developed to be appropriate for patients from diverse racial/ethnic groups.

Three concepts are contrived from this survey instrument:

1. Communication, (issues associated with a lack of clarity, elicited concerns/responses, and explained results).
2. Patient-centered decision making, (provider and patient deciding together)
3. Interpersonal style, (compassionate/respectful, feelings of discrimination due to race/ethnicity, and disrespectful office staff).

Scores ranged from 1 to 5, a higher score was associated with higher sense discrimination by the patient.

Results suggest that these interpersonal processes were important for all the groups in relation to satisfaction. All three were independently associated with all satisfaction measures. There was some disparity in the questions related to communication and discrimination. The researchers felt that interpersonal processes may be more important to one ethnic group compared to another. Disrespectful office staff was a negative for all groups, but did not influence the scores given to the physicians in relation to recommending them to other potential patients. Compassionate and respectful care was associated with outcomes regardless of race/ethnicity. This was also found true in previous studies. Another area of consistency was that patient-centered decision making was strongly related to patient satisfaction.

The study brought to light a set of variables that are important to the healthcare professional in training staff and physicians to discover the expectations of each patient, and to not assume what one person wants is what everyone wants. Certainly, similarities and basic characteristics need to be demonstrated with each patient, regardless of race/ethnicity- such as respect, compassion, courtesy, and listening skills. However, how test results are communicated or how concerns are addressed may differ, and ideally be individualized for each patient.

Patient satisfaction has also been known to lower costs in healthcare settings. Patients who are satisfied follow instructions and tend to use the healthcare system less frequently than those who are unsatisfied. One area in healthcare that has been given heightened attention as of late is Advanced Care Planning. Patients desire to have more

say and control in what happens in the end-of-life stages. To decrease the costs associated with end-of-life care, insurance companies are encouraging the use of Advanced Care Planning for patients over the age of sixty-five, and/or for those who have chronic disease. In-home palliative care significantly reduces costs in end of life, and increases patient satisfaction.

Brumley, Enguidanos, Jamison, Setiz, Morgenstern, Saito, McIlwane, Hillary, and Gonzalez conducted a study to “test an in-home palliative care model at two sites using a randomized, controlled design” (P.993). The study was published in the July, 2007 edition of the *Journal of the American Geriatrics Society*. Standard care was compared with standard care plus an in-home palliative care program, to determine the program’s ability to improve patient outcomes and reduce the costs of medical care at the end of life. “Specifically, it was hypothesized that the palliative care program would increase patient satisfaction, reduce costs of medical care, and increase the proportion of terminally ill patients dying at home” (P.993, 994). Participants were enrolled and followed from September 2002 to August 2004 in Hawaii and Southern California. Patients eligible to participate must have had a primary diagnosis of CHF (Congestive Heart Failure), COPD (Chronic Obstructive Pulmonary Disease), or cancer and a life expectancy of 12 months or less, have visited the emergency department or hospital at least once within the previous year; and scored 70% or less on the Palliative Performance Scale, that ranks the patient’s health condition from 0 (death) to 100 (normal). These patients received in-home palliative care along with ‘usual care’ – (defined as standard care to meet the needs of the patients, following Medicare guidelines for home healthcare criteria). The care was delivered by an interdisciplinary team providing pain and

symptom relief, patient and family education and training, and an array of medical and social support services. The study measured outcomes of satisfaction of care, use of medical services, cost of care, and site of death. Data was collected at the onset of the study enrollment, and then every 30, 60, 90, and 120 days via telephone interviews. Patients in both groups were surveyed. The survey used was *The Reid-Gundlach Satisfaction with Services Instrument*, rating overall satisfaction with services, perception of service providers, and likelihood of positive recommendations of services to others. The results of the study showed that the study group had significantly higher patient satisfaction scores from baseline to 90 days. “At baseline, the study group’s scores were 6.3% higher, 30 days, 13.1% higher, 60 days, 5.3% higher, and at 90 days 13.4% higher. The cost difference was also significant – The average cost per member per day for the study group was \$95.30, for the usual care group \$212.80 per day” (P. 997-998).

The study demonstrated some very practical and useful data to share with health care teams who work with Advanced Care Planning and controlling end of life costs for patients. Patients are more satisfied; they save health care dollars and are more comfortable dying at home in their own surroundings, rather than in a hospital. With the consistent use of Advanced Care Planning tools, terminally ill patients are now able to choose where they would like to live out their last days. The data also strengthens the case for trained professionals in this area to assist in keeping dignity in dying while keeping the patient and the family satisfied with the care received.

The National Association for Healthcare Quality, March/April 2006 published a study completed by S. Davis, A. Chinnis and J. Dunmire in 2002, at West Virginia University Hospital, a 440 bed tertiary-care teaching hospital, and University Health

Associates (UHA). The study focused on developing a unique employee-driven customer service initiative titled Serving Together Achieving Results (STAR). They were looking for a program that would sustain itself and make a long term change in the culture of service at the hospital. They agreed upon the following prerequisites for a successful customer service program:

1. The program had to flow logically from the mission and value statements of the organizations involved
2. It had to have a multidisciplinary focus that involved all members of the healthcare team
3. It had to start with a vision for customer service that resonated with the staff who dealt directly with internal and external customers
4. It had to have one focus at a time
5. It had to involve setting concrete behavioral standards that could be measured and re-measured (P. 2).

Focus groups were held on the hospital units, in the academic departments, and in the clinics run by UHA, and asked questions such as:

- “What does it take to truly impress our patients?”
- “Describe a time when you experienced great customer service. What made it great?”
- “What gets in the way of great customer service?” (P. 2).

The data was synthesized to identify major themes that became the foundation for their customer service campaign. The results fell into five main categories that were put into

categories of training for the staff. The steering committee designated the following five STAR initiatives:

1. Personal attention
2. Communication about delays and timeliness
3. Ways to communicate with care and compassion
4. Teamwork
5. Coordination of care.

The team then created six work teams to serve as the mechanical “arms” of the committee during the implementation of each initiative (P.3).

In the first phase of the study, there were numerous issues that were addressed going forward in the next phases. Communication throughout the organization was an issue, not everyone had the same e-mail access, so training and scripting sent out by e-mail was not available to all employees. Initially the training was computer based, which was not mandatory, and only 26% of the employees completed it. The STAR standards came down from the top, with little employee involvement, resulting in apathy among staff. “There were several sets of expectations in the process, which caused confusion and frustration by the employees, which can lead to resistance to embrace the initiative. Breaking down the initiatives is the best way to implement one set of behavioral expectations at a time” (P. 4, 5).

There were several successes in the first round of the study. The participation of the CEOs of the hospital were strong advocates of the campaign, the work groups became truly multidisciplinary, new lines of communication emerged between the points of care for each patient. The hospital measured their efforts on each initiative:



The authors are currently moving ahead with a far more complex initiative regarding delays that will define a host of large system issues that must be addressed...The authors' experience with STAR has demonstrated that customer service initiatives can successfully be implemented in environments as complex as an academic medical center, despite difficulties rooted in communication that often arise from inherent fragmentation found in such settings (P. 5).

There is much to be learned from a study such as this one conducted at the West Virginia University Hospitals and Clinics. Developing a program from within takes massive efforts to build bridges of communication, and understanding the various roles each person plays in developing a positive experience for the patient. Creating an atmosphere conducive to embracing new initiatives is the responsibility of the leaders in health care organizations to continue to stay viable in this competitive market.

### **Methodology of Independent Study**

Does Customer Service Training Influence Patient Satisfaction Scores? This was a qualitative study conducted at Allina Medical Clinic (AMC) – Shoreview, 4194 N. Lexington Ave., Shoreview, MN. The study took place between March 15, 2010 and May 31, 2010. Permission to conduct the study was obtained by the Institutional Review Boards from Allina Health Systems (Appendix A) and from Augsburg College (Appendix B).

AMC-Shoreview is a primary care clinic serving approximately 325 patients a day. It is one of 55 clinics in Allina Medical Clinic, a division of Allina Health Systems. AMC-Shoreview has been serving patients in the northwestern suburbs of St. Paul since its

inception, in July 1975. It was purchased by what is now known as Allina Health System (Allina Medical Clinic) in 1994. The clinic employs 66 support staff and 18 providers of care, including nurse practitioners, physician assistants, and physicians specializing in primary care, internal medicine, pediatrics, surgery and podiatry. At AMC-Shoreview, customer service scores have consistently been above the goal set by the larger organization. Customer/Patient service is a priority at the clinic; the physicians and providers of care have established a foundation of serving the patient with excellence throughout the clinic's history. The values of the organization are compassion, respect, integrity, stewardship and trust. These are embraced by the leadership and staff at AMC-Shoreview and it is their desire to demonstrate these values in the care they provide to patients.

The patient's experience at the clinic is dynamic; each encounter a patient has with a staff member may vary from extremely positive to very negative, depending on innumerable variables. Variables include having to wait in line at the front desk to check in for an appointment, observing a frazzled and hectic environment, to being graciously greeted with a warm smile and a pleasant conversation upon entering the clinic. Patients may have to wait long periods of time to be seen by their physician, or the provider of care may be running right on schedule, and the wait time is minimal. Wait times are the biggest variable –starting with having to wait on 'hold' while attempting to make an appointment, waiting in line at the front desk to check-in, waiting to be called back by the nurse, waiting in the exam room for the provider of care, waiting in the ancillary waiting area for a lab test or x-ray, possibly waiting for the care coordinator to make an appointment for a future exam or diagnostic test, then waiting for the follow up call

regarding test results. Each of these can cause angst, which has potential to foster dissatisfaction, if the wait is too long. Or, the patient can flow ever so smoothly through each process. One patient can have encounters with as many as 10 or 12 different individual clinic staff members at any one visit. There are several characteristics that should not vary, however, and need to be consistent with every patient at every visit. These include courtesy, professionalism, kindness, compassion, respect, and being helpful. It is the goal of leadership to ascertain that these are present in each encounter between the patient and the caregiver.

This study focused on identifying and addressing customer service skills in an ambulatory care setting. The foundational principle for the study was conceived out of a desire to hone in on the definition and concept of *courtesy*. Courtesy is a core skill in customer service. It is the foundation which must be present to build a viable skill set to enhance the customer/patient experience. What is, by definition, “courtesy”? The dictionary’s definition of courtesy is, “Courteous behavior; gracious politeness. A polite, helpful, or considerate act or remark; an act or usage intended to honor or compliment.” Webster’s New World Dictionary (1972), defines *courteous* as “Polite and gracious; considerate toward others; well-mannered.” This definition of courtesy led to identifying observable behaviors in customer service that support this foundational core competency of *courtesy*. Every patient deserves to be treated with courtesy. To answer the research question presented in the study, it was necessary to break down the patient experience by focusing on the processes of the visit, and to understand the staff responsibilities involved in each of the steps of the patient encounter. Wanting to influence patient satisfaction results in a positive manner, the researcher chose to focus

on what the patient perceptions are of the interactions with staff during their visit.

Obtaining feedback from patients was seen as the first step to establishing a foundation for service training of the staff, which in turn would potentially impact patient satisfaction.

An open-ended, four-question survey was developed to give to patients at the clinic. (Appendix C). The survey asked the patients to write comments regarding their interactions and contact with the staff at the front desk, the nursing staff, lab/x-ray staff, and then to add any other comments or concerns. Participating patients were adults, male or female. The front desk team members were given a script to say to the patient, "Our clinic is conducting a brief survey to assist us in providing excellent service to our patients. If you would please take this and fill it out regarding today's visit, it would be greatly appreciated. You may either drop it in this box on your way out, or mail it in the attached envelope. Thank you." The surveys were confidential, anonymous and optional. Returning the survey provided consent and authorized use of the comments in the research. Written comments from the survey were compiled and used to discover what occurred in the patient experience that was dissatisfying, which was then used to develop training material for staff. Positive comments were used to reinforce excellent care that patients mentioned on the surveys. Two rounds of surveys were conducted. The first round was prior to training, the second round after training.

The tasks of identifying behaviors of employees who deviated from this core principle were best determined by the receiver of the care, the patient. To nurture the concept of courtesy into specific, observable behaviors, the researcher determined five categories of behavior that enhance the act of courtesy. The researcher hypothesized that if all of these

characteristics of positive interaction were demonstrated in the direct patient/employee relationship, the patient will have received exemplary care. These categories include:

1. Nonverbal communication– smiles, eye contact, inviting and welcoming body language
2. Verbal communication– warm greeting, use of correct name, scripting
3. Competence – confidence in demonstration and knowledge of job responsibilities/skills
4. Professionalism – appropriate dress, observable behaviors, articulate speech, answered questions professionally
5. Respect – for patient privacy, for wait times and communication to patient regarding wait times, kindness, compassion, and helpfulness and access to obtain an appointment.

The first set of surveys was given to the patients the third and fourth week of March, 2010. Patient comments on the study that expressed concerns were separated into these five stated categories. Training sessions with the staff focused on these comments in the designated category of interaction. Sessions were held at each individual department meeting to provide relevant information and feedback to the staff. After training was completed in all three departments, the identical survey was distributed to patients the third and fourth week of May, 2010 as a follow up after training. The results were collated and categorized in the same manner as the first set of surveys.

## **Results– Survey I**

Seventy-six percent of the first round of surveys were returned; 6.8 % expressed at least one concern, 93.2% expressed only positive comments. The concerns that were expressed fell into two categories: professionalism and respect. Following are actual quotes from the surveys, separated by category. These are concerns expressed regarding their interactions or observations with the staff.

### **Professionalism category:**

- *“My interaction was good- but it seems there was a bit of chit-chat going on – not professional. I waited at the desk while the receptionist held a conversation with a colleague.”*
- *“Should maybe acknowledge person standing at counter right away – even just to say it will be a moment.”*

### **Respect category:**

- *“Sometimes I’ve been hurried into the visit rooms where I put on a gown and wait a long time for the doctor – I’d rather keep on my own clothes and wait in the lobby! But – no big deal – I know you do the best you can-”*
- *“Privacy concerns – The information requested to check in is the same type of information that is PHI (Protected Health Information). Can this be done more discretely?”*

## Training

These comments, along with other similar remarks, provided a teachable point of view to provide training for the staff. Training sessions were conducted in department meetings and included:

- 1) Discussion of ideas and concepts for addressing the patient concerns found in the surveys
- 2) Sharing positive comments written by patients.

The training sessions were conducted in each separate department: front desk, nursing, lab, and x-ray. The above comments, along with other comments of concern, were discussed. Concepts and ideas as to how to handle these were presented. The training included:

- Professional Behavior -Appendix D –discussed and reviewed together at time of training
- The process of communicating wait times to patients; whose responsibility it is and how to best involve the patient in the decision of waiting or rescheduling when the physician is running late.
- In the small and crowded waiting area, it is difficult to ask private questions. As a result of this patient's response, the staff developed an alternate process of asking for PHI – by asking the patients to view the information on a printed out data sheet, rather than asking them to verbalize it.
- Hundreds of positive comments were shared with the staff at the department meetings:

- *“Dear Allina Shoreview – Your office, staff, and everything else that makes you Allina Shoreview is like heaven come to earth. Those of us who are privileged to be able to use this medical facility are blessed with the safest, best, and thoroughest of care. Thank you for all you do.”*
- *“I highly recommend this particular clinic to anyone and everyone. I feel blessed to have found such a great clinic. My aunt, cousin, and former next door neighbor all come here.”*
- *“We think the doctors and nurses here are great. We pay extra to come here because of the quality of care we receive.”*
- *“Your front end staff are what make or break your experience!”*
- *“Overall excellent service! Well done!”*

Comments that included a specific employee’s name on the survey were shared with the mentioned individuals. Sharing positive results with the staff was a very rewarding aspect of the research.

The training sessions also included a discussion on courtesy. We discussed the expectation that no matter what the circumstances within the clinic, (being short-staffed, behind schedule, having three people waiting at the front desk, etc.), patients will not be given excuses. They are to be treated with courtesy and respect, and that every patient deserves a courteous interaction. The handout entitled “Five B’s of Courtesy” was given to each employee. (Appendix E).



## Results – Survey II

Upon completion of the training/result-sharing sessions, the survey was conducted again. In round two, of the approximately 200 were distributed, 66% were returned. Of those returned, 2.5% of them contained comments that expressed dissatisfaction; 97.5% contained only positive comments. The percentage of dissatisfying comments dropped by 64% following staff training. Interestingly, with just one exception, the written comments that needed attention fell into two of the same categories as the comments from the first round of surveys:

### Professionalism Category-

- *“They (Lab Staff) seemingly stand around and chat. They may be discussing important things, but the impression is that one person does all the work while others chit-chat.”*
- *“Lab staff stood around for 5 minutes contemplating who would do a test.”*

### Respect Category

- *“Long wait in exam room after admittance – nearly 40 minutes.”*

### Competence Category-

- *“I question the x-ray tech regarding her technique while doing my thumb x-ray.”*
- *“Lab person was not able to answer my question (to my satisfaction) as to why she needed to draw three tubes of blood”*

These and other comments of concern were shared with the leadership team, which includes direct supervisors of the clinic employees. Any negative comments that

were made about an individual employee/department were discussed privately with the specific person/department. Numerous positive comments written by the patients were also shared at the leadership meeting, with individuals mentioned, and at all-staff meetings. Quotes from satisfied patients:

- *“The nurse who walked us to the room was professional and friendly. She spoke to my son, and not me. That was important and helped him feel in control of the visit.”*
- *I always feel that I am treated extremely well – best clinic around. The front desk staff were very friendly, professional – as always.”*
- *I’m always greeted with a hello and a smile. They are always helpful and if they don’t have an answer to my question, they find someone who does.”*
- *“If you continue doing what you are now doing, everything is fine!”*
- *“I have been a patient at this clinic for over 25 years, the nursing staff has always been excellent.”*

## **Recommendations**

The research verified that training staff in customer service skills can and will influence the patient’s experience of care. The study demonstrated that understanding the expectations and concerns of the patient should determine relevant training materials of staff. The study also created distinct roles for the leadership to effectively establish a service oriented environment for patients and for staff. A list of attributes that are essential to foster an engaged work force that will provide a courteous, caring and compassionate experience to the patients was developed after sharing the study’s results.

Although the list of recommendations made by leadership is extensive, they are listed as a guide for leadership of health care facilities to establish a foundation within their environments to enhance the patient experience. For healthcare facilities to make a difference in the lives of patients, and to improve patient satisfaction scores, the following are recommendations made by the leadership of AMC-Shoreview:

1. Be an example – walk the talk

- By having a constant awareness of customer service and interactions displayed with internal customers, such as physicians, coworkers and subordinates
- By setting an example of providing exemplary service to external customers, the patients, and the patients' families

2. Make customer service training a priority in each department

- Discuss in department meetings- having it be a standing agenda item; it is *not* a once-a-year-mandatory-training-session
- Leaders need to bring examples of customer complaints and compliments to share at the meetings
- Brainstorming sessions as to how to handle the scenario(s) discussed
- Teach staff techniques in service recovery

- Refrain from using excuses when patients have complaints

Practice scripting around difficult messages – such as how to inform patients of long wait times, or if a blood sample was lost, or results weren't reported in a timely manner.

- Consistency is important.
  - Apologize and take ownership of the situation
  - Listen without interrupting
  - Steps to take when irritations escalate into frustration and anger
3. Develop training discussions that are applicable and relevant to each department
- Each departments' interactions with the patient is different, and demand individualized attention
  - Patient issues are very different with the registration and scheduling staff than they are with the nursing staff
  - Make scripting appropriate to the individual employees' roles
4. Develop a culture of excellent customer service
- Identify and remove barriers
  - Collaborate efforts, provide training to and learning from others across the organization
  - Encourage a work environment of courtesy and respect
  - Emphasize continuing the dialog about patient-centered care
5. Ask patients for feedback frequently
- Listen to their comments; pay attention
  - Phone call follow up

6. Observe interactions between staff and patients, and provide real-time feedback to employees

- Coach for improvement
- Hold employees accountable for their interactions with patients
- Reinforce positive behaviors and interactions

Leaders need to take seriously their role in teaching and mentoring their employees to improve the care patients receive. Patients are critically aware of the service provided, and are often quick to complain, slower to compliment.

This study provided a means for patients to give honest feedback in a non-threatening, non-confrontational manner to the management/leadership of AMC-Shoreview. The front desk received many positive verbal comments regarding the format of the survey and the opportunity to state their thoughts as patients returned them. Many patients wrote that they appreciated the opportunity to write down their concerns/comments to the management, such as:

- *“I really liked this survey, thank you for this opportunity.”*
- *“Thank you for your interest in customer service.”*
- *“I really liked this survey much better than the ones sent to my home!”*

These and other comments reinforce the philosophy that patients want to give their perspective regarding the care they receive.

Patients also deserve timely follow up on issues that are presented to the staff. Open communication is imperative in customer service. The desire for leaders is to have the patients and care givers interacting and collaborating in a positive, productive manner, developing patient-centric care. Leaders need to be held accountable for addressing the

issues as presented and communicating the positive comments back to the staff. If leadership chooses to ignore patient complaints and to not share patient compliments, frustrated patients and disengaged staff will result. The cost is too high to not pay attention to the needs and expectations of the patients being served, as well as to the care givers who are serving. Direct care givers in a primary care setting must be given the appropriate tools, training and clear expectations to enable them to provide exemplary care to every patient with every interaction.

The goal of leadership is to instill the following quotes in the everyday interactions with patients:

- “Here is a simple but powerful rule: Always give people more than they expect to get.” ~ Nelson Boswell
- “There are no traffic jams along the extra mile.” ~ Roger Staubach
- “A (customer) patient is the most important visitor on our premises. He is not dependent on us – we are dependent on him.” ~Author unknown

## **Conclusion**

Although there are numerous variables that influence patient satisfaction, aiming for patient-centered care is by far the most desired. How does a single physician or a 320-bed hospital reach “excellent” on a patient satisfaction survey? It can be obtained only by making the focus of each staff member patient-centered, serving one patient at a time. Emphasizing the foundational concepts of courtesy and respect are imperative. The research indicates patient satisfaction scores matter in every facet of the healthcare industry today. If healthcare facilities are to prosper in this era, intentional training of

employees to provide extraordinary, personal and focused care to each patient is essential.

There is a strong, positive relationship between customer service programs in health care settings and financial performance, as well as employee retention, as customer service training often will address external, as well as internal customers. Both of these are vital in this very competitive and costly industry of health care.

The journey to excellence has no end; it is dynamic and challenging. However, with training and focus, the journey is sure to be rewarding and gratifying as leaders in healthcare continue to search for excellence in patient care.

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## Appendix A

Research Subjects Protection Program  
Institutional Review Boards  
P.O. Box 43 Mail Route 10105  
Minneapolis, MN 55440-0043  
(612) 262-4920  
Fax (612) 262-4953  
[www.allina.com](http://www.allina.com)



February 22, 2010

Dear Ms. Holman:

Re: 3013-2X Does Customer Service Training Positively Influence Patient Satisfaction Results?

The Allina 2 Institutional Review Board administrative office has received the following items:

- IRB Exempt Application, submitted February 16, 2010
- Consent Alteration Request
- Patient Survey
- Permission Memo from VP—AMC Operations, dated February 10, 2010
- Protocol, submitted February 16, 2010

Your project has been determined to be EXEMPT from IRB review by meeting the criteria allowed in 45 CFR 46.101(b)(2) and 45 CFR 46.101(b)(4): "Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement) survey procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of human subjects' responses outside the research could reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability or reputation" and "Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects."

Your request to alter the consent process for this study was approved. You have met the criteria necessary for this alteration. The IRB notes that you do not plan to collect any PHI; therefore, no HIPAA Waiver is required.

You may now proceed with your project. If this project is later changed or modified in any way, please contact the IRB administrative office for determination of continued exempt status assignment.

The entire Allina 2 Institutional Review Board will be notified of this exemption at their next meeting.

The IRB office has waived the protocol review fee.

Thank you for your cooperation with Allina Hospitals & Clinics Institutional Review Board process. If you have any questions or concerns, please contact the IRB administrative office at (612) 262-4920.

Sincerely,

The IRB Administrative Office

Appendix B

**Institutional Research Board  
Augsburg College  
Box 107  
2211 Riverside  
Minneapolis MN 55454**

March 10, 2010

To: Beth Holman

From: Norma C. Noonan, Chair



I am pleased to inform you that the IRB has approved your application for the project: Will Customer Service Training Affect Patient Satisfaction Scores?

☒ as submitted

☐ as revised with the additional form(s)/changes

☐ with the following conditions: none

Your IRB approval number which should be noted in your written project and in any major documents alluding to the research project is as follows:

**2010-16-3**

I wish you success with your project. If you have any questions, you may contact me: 612-330-1198 or [noonan@augsborg.edu](mailto:noonan@augsborg.edu).

Your IRB approval expires one year from the date above, unless you request an extension prior to the deadline. Please inform the IRB of any changes in your address or e-mail.

c. Magdeline Aagard

## Appendix C

**TO: AMC-Shoreview Patient**

**FROM: AMC-Shoreview Leadership Team**

**RE: Survey regarding your experience as a patient today \_\_\_\_\_(date)**

AMC-Shoreview strives to provide courteous and professional care to every patient every day.

The purpose of this survey is two-fold:

- Responses from this survey will assist leadership in developing customer service training for our staff in order to improve patient care and patient satisfaction.
- The research from this study will assist the clinic manager in fulfilling requirements towards a Master's in Leadership Degree from Augsburg College.

*Your participation is both anonymous and voluntary. Returning this survey provides consent and authorizes use of your comments in this research. Your assistance is greatly appreciated!*

**Please tell us about your contact and interaction with the front desk/reception staff:**

**Please tell us about your contact and interaction with the nursing staff:**

**Please tell us about your contact and interactions with the lab/x-ray staff:**

\_\_\_\_\_Did not have lab/x-ray services.

**Issues/Concerns you would like Clinic Leadership to know:**

*Please place this completed survey in the attached envelope and place in the box at the front desk. You may also mail in the attached envelope. Thank you again for your participation.*

## Appendix D

### *Professionalism In The Work Place*

- *Always consider the perspective of the patient –*
- *Smile & Listen*
- *You are the gateway for the patient to see the provider –be efficient and effective*
- *Patients love to see a smile and receive a warm greeting*
- *Treat each encounter with each patient as unique –*
- *Treat each patient the way they expect to be treated (Respect)*
- *Take pride in knowing that everything you are doing is correct – from getting the correct name, phone number, medications, allergies, blood pressure reading,, etc. (Integrity)*
- *Take pride in knowing that the bill the patient receives for the services rendered will be flawless.*
- *Accommodate the requests as much as possible – think “yes – how can I facilitate this wish of the patient” – tear down the walls that a “no” builds*
- *Be aware of each situation – be aware – empathize, offer help when/if appropriate and needed. (Compassion)*
- *Be nice – seems simple, but it is profound*
- *LISTEN – attentively – give eye contact*
- *You are here to assist the patient –*
- *SMILE*
- *Mention private patient information as little as possible with others around (Trust)*
- *Keep your area tidy, neat, clean -*
- *Know and understand that you are being watched and listened to by many people*
- *Mark all charges correctly and consistently, be sure you ask if you have questions*
- *Use your time wisely –(Stewardship) keep busy with the jobs that are always there for you to do:*

### *Unprofessional Behaviors In The Work Place*

- *Chewing gum, eating in front or around patient care areas*
- *Use of cell phones – either talking or texting during work time*
- *Personal phone calls during work time of long duration*
- *Conversations that can be overheard in the waiting area – with patients and/or co-workers*
- *Personal conversations with co-workers while patient is waiting*
- *Ignoring (intentionally or unintentionally) a waiting patient*
- *Using the internet for personal use during work time*
- *Reading material unrelated to work during work time*
- *Sighing/rolling eyes – crossing arms in front of patient*
- *Use of slang with patients–“yah” “You betcha”, “just a sec”*
- *Passing over difficult situations, hoping your co-worker will take it on*
- *Talking about others in front of others – patients, co-workers, friends, relatives, etc.... Putting up barriers for patients – think about what you are saying and doing...if it isn't positive – then don't say it!*

## Appendix E

### *Concepts to Remember –*

- *Patients deserve to be treated with utmost courtesy and respect.*
- *Patients are why we are here, and why we have meaningful work.*
- *Each patient is a new patient- whether it is 8:00 AM, 3:45 PM, or 9:25 PM.*
- *Each patient offers a new opportunity for us to provide a warm and caring atmosphere to assist the patient and give excellent care.*

## **FIVE B'S OF COURTESY, RESPECT & PROFESSIONALISM**

**BE KIND & GIVING** – *Give a smile, make eye contact, project warmth and empathy, be welcoming – watch body language*

**BE PROFESSIONAL** - *Greet the patient appropriately, state your name, double check the patient's name – say "Please", "Thank you", do not use slang, make certain you are understood.*

**BE HELPFUL** – *Open a door, help with a diaper bag or coat, share information about the wait time – communicate clearly, but quietly.*

**BE CONSISTENT** – *Always room the patients in the same manner, using rooming standards, always make sure the patient is FIRST. Use the scripting – always ask if there is anything else you can help the patient with today!*

**BE PREDICTABLE** – *Follow protocols and requirements of the job – if you follow these consistently, the patients will know what to expect. Respond to patient's requests in a positive tone – not condescending or demeaning. If you don't know something – ask someone who can answer the question – do not say, "I don't know" – Say – "I don't know, but I will find out for you."*

Augsburg College  
Lindell Library  
Minneapolis, MN 55454